



## KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

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Form Revision Date:

# Application for a Certificate of Good Standing of a Massage Therapy Training Program

## Renewal Short Form

**INSTRUCTIONS:** This form is designed to make the renewal process easier. If you answer "No" to questions 1-6 you may simply submit a signed update of your evidence of quality education (see 7. Below) If you answer yes to any question, you must supply documentation of the change.

SCHOOL NAME: \_\_\_\_\_

1. ☐ no ☐ yes      Has your school's contact information changed? **If yes, document the change**
2. ☐ no ☐ yes      Have you made changes in your instructional staff since your last renewal anniversary date? **If yes, provide documentation of the change**
3. ☐ no ☐ yes      Have any of your instructors changed their qualifications? **If yes, document the change**
4. ☐ no ☐ yes      Have there been any additions, deletions or changes in your curriculum/courses? **If yes, document the change**
5. ☐ no ☐ yes      Have you added any additional massage therapy programs at your school? **If yes, document the change**
6. ☐ no ☐ yes      Has your program's accreditation been reviewed or renewed since your last renewal anniversary date? **If yes, document the change**
7. Attach updated statistics that show evidence of continued instructional quality since your last renewal anniversary date. These statistics shall include but are not limited to:
  - A. Number of students enrolled vs. number completing the program
  - B. Exam pass rates
  - C. Licensure rate of those graduating
  - D. Placement rates

Signature \_\_\_\_\_ Date \_\_\_\_\_